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RESPONSE UNDER 37 C.F.R. §1.116
~~EXPEDITE PROCEDURE~~
GROUP ART UNIT 3679

NEC01P072-TSe

AFTER FINAL: EXPEDITED ACTION

01480072aa

Response dated 03/05/2004

Reply to office action mailed 12/31/2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of

Hideyuki Sakamoto

Serial No. 09/872,522

Group Art Unit 3679

Filed June 4, 2001

Examiner E. Garcia

For TRIAL PURCHASE SYSTEM AND CUSTOMER INFORMATION
GATHERING SYSTEM

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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MAR 09 2004

GROUP 3600

REQUEST FOR RECONSIDERATION UNDER 37 C.F.R. §1.116

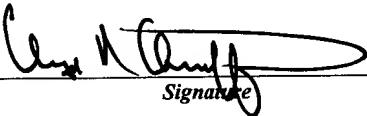
Sir:

In response to the Office Action mailed December 31, 2004, please reconsider the above-identified patent application in light of the following remarks:

Amendments to the Claims: no amendments are made to the claims in this response;
a complete listing of claims begins on page 2 of this paper.

Remarks begin on page 13 of this paper.

AF/367.9

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. NEC01P072-TSe		
Applicant(s): HIDEYUKI SAKAMOTO					
Serial No. 09/872,522	Filing Date 06/04/2001	Examiner ERNESTO GARCIA	Group Art Unit 3679		
Invention: TRIAL PURCHASE SYSTEM AND CUSTOMER INFORMATION GATHERING SYSTEM					
<div style="text-align: center;"><u>TO THE COMMISSIONER FOR PATENTS:</u></div> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>			RECEIVED MAR 09 2004 GROUP 3600		
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	59 -	59 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	5 -	5 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2041</div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div style="text-align: center;"> Signature</div>			Dated: MARCH 5, 2004		
CLYDE R CHRISTOFFERSON REG. NO. 34,138 WHITHAM, CURTIS & CHRISTOFFERSON, PC 11491 SUNSET HILLS ROAD, SUITE 340 RESTON, VIRGINIA 20190 703-787-9400 CUSTOMER NO. 30743			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 10px;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-top: 10px;">Typed or Printed Name of Person Mailing Correspondence</div>		
CC:					